



CERTIFICATE OF CANDIDATE SELECTION TO FILL AN EARLY BALLOT VACANCY FOR A STATE LEGISLATIVE OFFICE

State Form 47009 (R8 / 10-07) Indiana Election Commission (IC 3-13-1-5, 3-13-1-15)

INSTRUCTIONS: For use by major political parties in filling ballot vacancies for state legislative office. This certificate must be filed with the Indiana Election Division not more than 3 days (excluding Saturdays and Sundays) after selection of the candidate. However, when a vacancy occurs because no candidate was nominated at the primary, the certificate must be filed no later than NOON, July 3, 2008. See also IC 3-13-1-14 concerning economic interest statements.

TO THE INDIANA ELECTION DIVISION:

GENERAL INFORMATION			
This is to certify the following:			
(1) A duly called meeting of the <i>(check one)</i> Democratic Party OR the Republican Party of Indiana was held on the			
day of day of, 2008, by the precinct committeemen of the Senate or House District stated			
below. The Chair of the meeting was authorized to certify the name of the candidate stated below, a duly qualified and registered voter of			
County and the district the candidate seeks to represent, as the candidate for the office of			
, District to be voted on at the general election to be held on			
November 4, 2008, to fill a vacancy now existing on the	•		
(2) The candidate named in this certificate is legally quality.			•
(3) This certificate is executed to request that this can the general election ballot. The written consent of the			
Election Division or is attached (CAN-31 form).			
CANDIDATE NAME AND RESIDENCY INFORMATION			
(4) Name of Candidate (as the candidate wants the name to appear on the ballot and as permitted to appear on the ballot under IC 3-5-7):			
(5) Candidate's residence address is:			
Complete Residence Address Must Be Inserted		City	, Indiana ZIP Code
(6) Candidate's mailing address is (if different from residence address):			
			, Indiana
Mailing Address (Write "SAME" if both addresses are identical or leave blank)		City	ZIP Code
CE	ERTIFICATION OF PA	RTY CHAIR	
I, the Chair of the Caucus of precinct committeemen a			ffice, certify that the information in
this Certificate of Candidate Selection is true and com			,,
Signature of Chair	Printed Name of Chair		// Date Signed (MM/DD/YY)
•)		
STATE OF COUNTY OF)) SS:		
)		(SEAL)
Subscribed and sworn to before me this day of		, 2008.	
Notary Public or Other Official Administering Oath			
My Commission expires (applies only to Notary Public)		County of Residence:	